SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Washburn, WI 54891 (715) 373-6138 Planning and Zoning Depart. PO Box 58 **Bayfield County**

BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

10,25°

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Soco

Permit #:

2-03-8 8-0-6

Date: Refund: **Amount Paid:**

9-19-10 \$-300.00 fas.

3/6/12

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. 1500 * 1500 TYPE OF PERMIT REQUESTED-> X LAND USE Proposed □ Non-Shoreland ☐ Shoreland Authorized Agent: (Person Signing Application on behalf of Owner(s)) 2003 Address of Property X. Residential Use of Completion donated time & Value at Time Jen Lanzer PROJECT LOCATION 2 * include material Commercial Use Proposed Use Section Structure: (if permit being applied for is relevant to it) Construction: 1/4, Q て m Relocate (existing bldg) タグキ ☐ Addition/Alteration (What ar □ Run a Business Conversion St s Property/Land within 300 feet of River, Stream (incl. Intermittent)
Creek or Landward side of Floodplain?

If yes—continue — $\hfill \square$ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes...continue Legal Description: **New Construction** , Township A Single Fred Date 1/4 **Project** re you app applying for) Poss 9 Residence (i.e. cabin, hunting shack, etc Bunkhouse w/ (□ sanitary, or □ s

Mobile Home (manufactured date) Principal Structure (first structure on property) 9 (Use Tax Statement) Gov't Lot _ N, Range 1-Story + Loft # of Stories and/or basement with a Porch with (2nd) Porch with a Deck with (2nd) Deck with Attached Garage with Loft 1-Story No Basement Foundation Basement 2-Story SANITARY RIVY CONDITIONAL USE SPECIAL USE BOA Lot(s) PO. 804 PIN: (23 digits) Agent Phone: Contractor Phone: Barber ٤ City/State/Zip C Eayfield Co. Zoning Dent.

LICANT. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) B Proposed Structure 💢 Year Round Length: Length: Seasonal 250-Š Town of: Use 2 2 & Page 8 Plumber: C Agent Mailing Address (include City/State/Zip): Ź Distance Structure X Distance Structure is from Shoreline: bedrooms None w N <u>Q</u> #≢ cooking & food prep facilities) Lot(s) No. But in brothes City/State/Zip 02-000 Width: Compost Toilet Block(s) No. None (New) Sanitary Portable (w/service contract) Municipal/City is from Shoreline : Sewer/Sanitary System Is on the property? What Type of Volume Lot Size feet Specify Type **Dimensions** Is Property in Floodplain Zone?
☐ Yes |×|×|×|×|× × × No. Height: Height: 8 -12-14 SIL) (715)209-0375 A. ☐ OTHER_ Telephone: Attachec Plumber Phone: Cell Phone Written Authorization Acrea res XNo Page(s)_ Are Wetlands Present? C.J Footage Square □ Yes 4 χ̈ 24 2 Water Well City

× × \times

Other: (explain)

Special Use: (explain)

Conditional Use: (explain)

Municipal Use

(specify)

Addition/Alteration

(specify)

I (we) declare that this application (including any a am (are) responsible for the detail and accuracy may be a result of Bayfield County relying on this above described property at ASY reasonable time Owner(s):

(If there are Multiple Owners listed on the iding any accompanying inforn accuracy of all information I (w ing on this information I (we) able time for the purpose of ir FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES acknowledge that I (we) accompanying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) yo fall information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the gn or letter(s) of authorization must accompany this application) Date 3/12

Authorized Agent:

Deed All Owners

(If you are signing on behalf of the owner(s) a letter of authorization RGC'd for ISSUED Address to send permit 10, ROX 525 BAYFIFLD, W BAYFIELD, WIT

54814

Attach
Copy of Tax Statement
the property send your Recorded Deed

If you recently purchased

SEP 19 PM2

and (Name Frontage Road) operty (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) eek; or (*) Pond 20% Church (Am Gotte An American)	With of Miller with	Box Solvery State of the State	N Part Cd Copy 1 Part Cd Copy 1 Part Cd Copy 1 Part Cd Copy 2 Part Cd Cop	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (8) Show any (*): (9) Show any (*): (10) Show any (*): (11) Show (*) Pond (12) Show (*) Pond (13) Show (*) Pond (14) Pond (15) Show (*) Pond (17) Show any (*): (18) Pond (19) Show (*) Pond (19	Draw or Sketch your Property (regardless of what you are applying for)
	Purp (fundamental)	Olivar Chart	0 5-14-12	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	re applying for)

Please complete (1) - (7) above (prior to continuing)

ALL STEKK AS GMAD NEW APACIETE Setbacks: (measured to the closest point) LANGE L PERSONAL PRINCES. Changes in plans must be approved by the Planning & Zoning Dept.

Setback from the North Lot Line
Setback from the South Lot Line
Setback from the West Lot Line
Setback from the East Lot Line Setback to Septic Tank or Holding Tank

Setback to Drain Field

Setback to Privy (Portable, Composting)

Prior to the placement or construction of a structure within ten (10) feet of the mining other previously surveyed corner or marked by a licensed surveyor at the owner's exp Setback from the Centerline of Platted Road Setback from the Established Right-of-Way 8 Description 100 1. 270 Feet 20 1. 270 Feet 20 1. 100 Feet 50 1. 108 Feet Measurement 20 Feet um required setback, the bu OH Feet Feet Feet Setback from Wetland
Setback from 20% Slope Area
Elevation of Floodplain Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek
Setback from the Bank or Bluff ndary line from which the setback must be measured must be visible from Setback to Well Description 18 (1) ° one previously surveyed corner to the Measurement 125 _ 5 Feet Feet Feet Feet Feet Feet

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

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Hold For Sanifary X	Signature of Inspector:	a) A CHE MASTE MATHER THAT TO THE CADINATE STATE CHARACTER THE CHARACTER TO THE MATHER CHARACTER OF THE MATHER SHOWN OF THE MATHER SHOWN OF THE MATHER THAT OF THE MATHER THE MATHER TO THE MATHER THAT OF THE MATHER THE MATHER THE MATHER THAT OF THE MATHER THAT	Condition(s) Town, Committee of Board Conditions of sached west five - (18 No they need to be attached Students	Date of Inspection: 8-14-12	Inspection Record Structwork Stillschill & Still Budittouts to this resulted by and in motion to the last resulted by and in motion to the last resulted.	Was Parcel Legally Created Wyes □ No □ Was Proposed Building Site Delineated Wyes □ No □	Granted by Variance (B.O.A.) Granted by Variance (B.O.A.) Case #:	Is Parcel a Sub-Standard Lot	Permit#163-6368	Permit Denied (Date):	Issuance Information (County Use Only)
✓ Hold For Affidavit:		ing why daymon a lape of the same of the s	HERON Yes The HALLAND they need to be a	Inspected by: 100	BUTH MY BE (SOB)	Were Property L	Previously Granted ☐ Yes A No	ous Lot(s)) KNO Mitigation Required Mitigation Attached	Permit Date: 9-19-13	Reason for Denial:	Sanitary Number:
Hold For Fees:		7 SANGERF, 74-MANGOF T	tached Student		WAS MARY	Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) ☐ Yes A.No Case	□ yes Kno □ yes Kno			# OT pearooths:
	Date of Appr	THE AND MOST AS	oness are possible	Date of Redinspession:	Zoning District (λ - Lakes Classification (3	□ Yes	***************************************	Affidavit Required			ballitally bate.
	Dates Approval: 9.147	MUST NOT BE	AEDONOS	Fjon:	W ≥,	X No		□ Yes KNo □ Yes KNo			

DENORISE W/ भी BOTTON R तिह रेप्युर्धिय Alle and of Path (spain what whether 114 7 (MACLONIA) (FE) North North

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

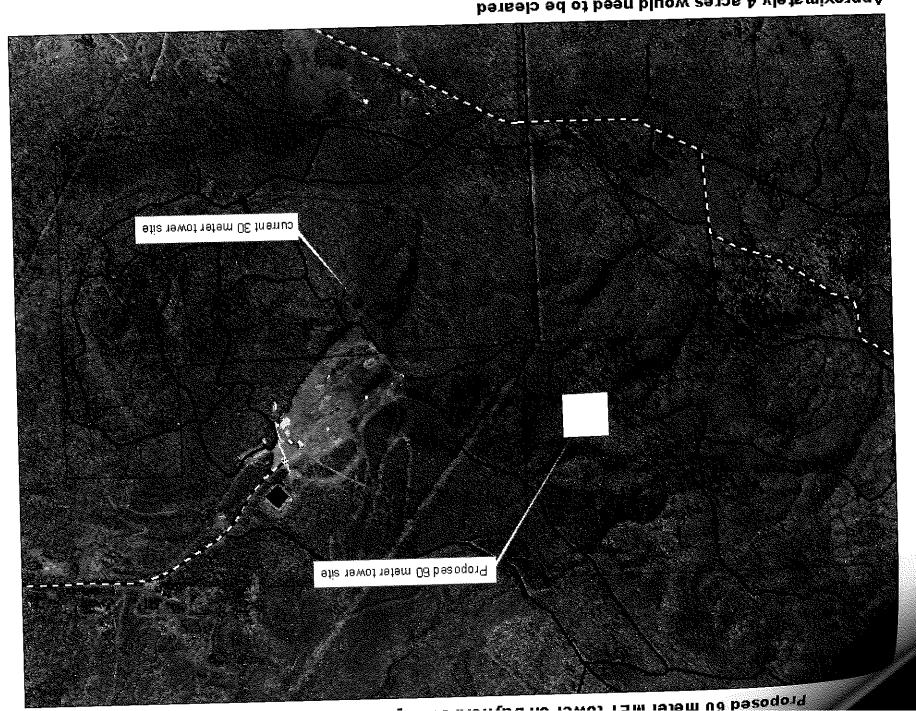
APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Bayfield Co. Zoning Dept. DEC 17 2010

Zoning District Date: 9-19-10 Application No. 16-0818 Amount Paid: \$2.50 00 12/12/10 10 DV TO SERVICE

Date of Approval	() Inspector	Recallor Issuance
1-7-1	李、	Signed
CONDITIONAL DE VERMINION	DECISED OF ASSOCIATED	Condition: SEE PLANTIGUES & BAILTY CHAMPETER
iance (B.O.A.) #	7	Mitigation Plan Required: Yes 🛭 No 🛍
١,	Date of inspection	MOUTHWISH THAT THE DE BY WILL
	private of cus	Indias agass
MEET PROUCHBLE GOE	- GUPITIONS APPEAR TO	
)ate)	0373 Permit Denied (Date)	Permit Number 10-6
G	berDate	Permit Issued: State Sanitary Number
Allacit a copy of transitives provided	PLEASE COMPLETE REVERSE SIDE	APPLICANT —
(If you recently purchased the property		
ATTACH	destroy change change and the control of the contro	Address to send permit
Date 12/1-1/10	8	Owner or Authorized Agent (Signature)
y reasonable time for the purpose of inspection.	access to the above described property at an	to issue a permit. I (we) further accept liability which may be a result of Bayfield Co consent to county officials charged with administering county ordinaries to have acconsent to county officials charged with administering county ordinaries.
iowicage and oction is a new control and periodication. I (we)	nined by me (us) and to the best of my (our) known I (we) am (are) providing and that it will be reliable to the control of th	I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) stribed whose gain occurs and accompanying information I (we) am (are) predicting and that it will be relied upon by Bayfield County in determining whether (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) are (are) are (are) moviding in or with this application. I (we)
L RESULT IN <u>PENALTIES</u> L RESULT IN <u>PENALTIES</u>	RUCTION WITHOUT A PERMIT WILL	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT
	☐ External Improvements to Accessory Building (explain)	Residential Other (explain)
xipal Building (explain)	External Improvements to Principal Building (explain)	Residential Accessory Building (explain)
m) WIAD TOURS (1851)	 Special/Conditional Use (explain) 	☐ Residential Addition / Alteration (explain)
	_ Commercial Other (explain)	Residence sq. ft. Garage sq. ft
Addition (explain)	☐ Commercial Accessory Building Addition (e.	nce w/attached garage (# o
(explain)	☐ Commercial Accessory Building (explain)	Pleck sq. ft Deck(2) sq. ft
(ddition (explain)	☐ Commercial Principal Building Addition (explain)	* Residence w/deck-porch (# of bedrooms)
test wind turbing	以 Commercial Principal Building	Residence sq. ft.
	_ ☐ Mobile Home (manufactured date)	□ ※ Residence or Principal Structure (# of bedrooms)
NA	Type of Septic/Sanitary System	USE:
	New	Addition Square Foota
Number of Stories	Basement: Yes No 🗡	Evisting Court in a Call Court in a court in
75' to 40' 🔲 less	Distance from Shoreline: greater than 75'	Vas No X
Yes O No O	Written Authorization Attached:	J-1
(Phone)	Authorized Agent Mike Im	WI S
Music Aboles-Allison	Plumber	enty Access from
(Phone)	Contractor County	Property Owner Bayfield County
-000-10000	HOH	Volume 757 Page 225 of Deeds Parcel I.D. 04-c
Acreage 70	CSM#	Gov't LotLotBlockSubdivision
West. Town of	Township 50 North, Range 4	SE 1/4 of Section 30
TEACH	OF POCHAR COST	LAND USE SANITARY PRIVY CONDITIONAL OSE
ROA OTHER	IVI LIGE	Changes in plans must be approved by the Zoning Department.
	D TO APPLICANT.	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
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Approximately 4 acres would need to be cleared -1/2 of the acres are sub-merchantable 2" dbh young aspen -1/2 recently thinned oak, approx. volume 40-45 cds